

**FARMERS' MARKET NUTRITION PROGRAM (FMNP)
APPLICATION FOR FARMERS' MARKET MANAGERS**

This form must be completed in order to participate in the WIC and Senior FMNP. The approval process will be delayed if this form is not complete. Please submit the following information to Division of Public Health, Farmers' Market Nutrition Program, 1 West Wilson Street, PO Box 2659, Madison, Wisconsin 53701-2659.

If a separate sheet of paper is needed, please attach it to this form.

NOTE: If your market has been approved by the FMNP in the past, we have preprinted some of the information previously provided. Make any corrections to the preprinted information on this form in the same space or on the reverse side. Fill in responses where there is no preprinted response.

SECTION 1 – Market location and Information

Name of Market

Street Address of Market

City

County

Location information (i.e., next to city park, bank parking lot)

SECTION 2 - Market Manager Information

Name of Market Manager

Street Address of Market Manager

City

State

Zip Code

Area Code/Telephone Number

SECTION 3 – Market Details

Specify the days and hours your market will be open (i.e. Saturdays, 7 a.m. to 5 p.m.)

Specify dates when FMNP eligible produce (Wisconsin grown produce) will be available and when at least three produce farmers will be present at the market (i.e., June 15 – October 31)

Specify number of farmers participating in your market each month, beginning with June and ending with October (i.e., July-20 farmers, etc.)

June

July

August

September

October

Does your market allow selling of produce grown outside of Wisconsin?

☐ Yes ☐ No

If yes, since the FMNP allows only Wisconsin grown produce to be purchased with FMNP drafts, will there be enough selection of Wisconsin grown produce sold to justify approving your market to accept FMNP drafts?

☐ Yes ☐ No

Specify dates when additional market days may be added, and hours of operation for those additional days.

Specify dates, times and locations of temporary market site relocations due to festivals, construction, etc.

Does your market have an annual meeting?

☐ Yes ☐ No

If yes, may a FMNP representative be present to train farmers on FMNP rules?

☐ Yes ☐ No

If yes, please list the annual meeting date, time, and location.

Please include a copy of your market rules and a map of your market. If your market was approved last season and your map and rules have not changed since the previous year, please check below. You do not need to send the map and rules if they have not changed.

☐ Map and rules have not changed since previous year.

Date form completed